

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 60,130-1027/01MRA0149

First Named Inventor Robert P. Carlstedt

COMPLETE IF KNOWN

Application Number /

Filing Date Herewith

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADJUSTABLE SUSPENSION ASSEMBLY CONTROL ARMS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name William S. Gottschalk

Address 400 W. Maple Road

Address Suite 350

City Birmingham

State Michigan

ZIP 48009

Country United States

Telephone (248) 988-8360

Fax (248) 988-8363

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Robert P.
(first and middle [if any])

Family Name Carlstedt
or Surname

Inventor's
Signature



Date 13/Dec/01

Residence: City Rochester Hills

State MI

Country USA

Citizenship USA

Mailing Address 3787 Summit Ridge Drive

Mailing Address

City Rochester Hills

State MI

ZIP 48306

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name James B.
(first and middle [if any])

Family Name Chamberlin
or Surname

Inventor's
Signature



Date 12-03-01

Residence: City Charlotte

State NC

Country USA

Citizenship USA

Mailing Address 121 Amrita Ct.

Mailing Address

City Charlotte

State NC

ZIP 29211

Country USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)
Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 5

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Ragnar

Ledesma

Inventor's
Signature

Ragnar H. Ledesma

Date 12/13/01

Residence: City

Sterling Heights

State

MI

Country

USA

Citizenship

Phillippines

Mailing Address
2608 Tallowtree

Mailing Address

City Sterling Heights

State MI

ZIP 48314

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Nancy L.

Saxon

Inventor's
Signature

Nancy L. Saxon

Date 12/14/01

Residence: City

Oakland Tonwship

State MI

Country USA

Citizenship USA

Mailing Address
3015 Serenity Road

Mailing Address

City Oakland Tonwship

State MI

ZIP 48363

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dennis A.

Kramer

Inventor's
Signature

Dennis A. Kramer

Date 12/13/01

Residence: City

Troy

State MI

Country USA

Citizenship USA

Mailing Address
1903 Spiceway

Mailing Address

City Troy

State MI

ZIP 48098

Country USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 4 of 5**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Doyle R.

Downey

Inventor's
Signature

12/11/01

Date

Residence: City

Beverly Hills

State

MI

Country

USA

Citizenship

USA

Mailing Address
30865 Lincolnshire W.

Mailing Address

City Beverly Hills

State MI

ZIP 48025

Country USA

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Joseph

Cubalchini, Jr.

Inventor's
Signature

Date

Residence: City

St. Charles

State IL

Country USA

Citizenship USA

Mailing Address
405 Bradley Circle

Mailing Address

City St. Charles

State IL

ZIP 60174

Country USA

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Monte G.

Williams

Inventor's
Signature

Date 12/13/01

Residence: City

Royal Oak

State MI

Country USA

Citizenship USA

Mailing Address
1006 Butternut Avenue

Mailing Address

City Royal Oak

State MI

ZIP 48073

Country USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Patent and Trademark Office, U.S. Department of Commerce
 Washington, DC 20231

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Doyle R.		Downey	
Inventor's Signature		Date	
Residence: City Beverly Hills	State MI	Country USA	Citizenship USA
Mailing Address 30865 Lincolnshire W.			
Mailing Address			
City Beverly Hills	State MI	ZIP 48025	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Joseph		Cubalchini, Jr.	
Inventor's Signature <i>Joseph Cubalchini Jr.</i>		Date 12-17-01	
Residence: City St. Charles	State IL	Country USA	Citizenship USA
Mailing Address 405 Bradley Circle			
Mailing Address			
City St. Charles	State IL	ZIP 60174	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Monte G.		Williams	
Inventor's Signature		Date	
Residence: City Royal Oak	State MI	Country USA	Citizenship USA
Mailing Address 1006 Butternut Avenue			
Mailing Address			
City Royal Oak	State MI	ZIP 48073	Country USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

